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Committee on Operating Rules for Information Exchange
A CAQH Initiative

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

CAQH CORE & CMS OESS

Health Plan Identifiers (HPID) and Providing Feedback on the Draft HIPAA Credential Forms

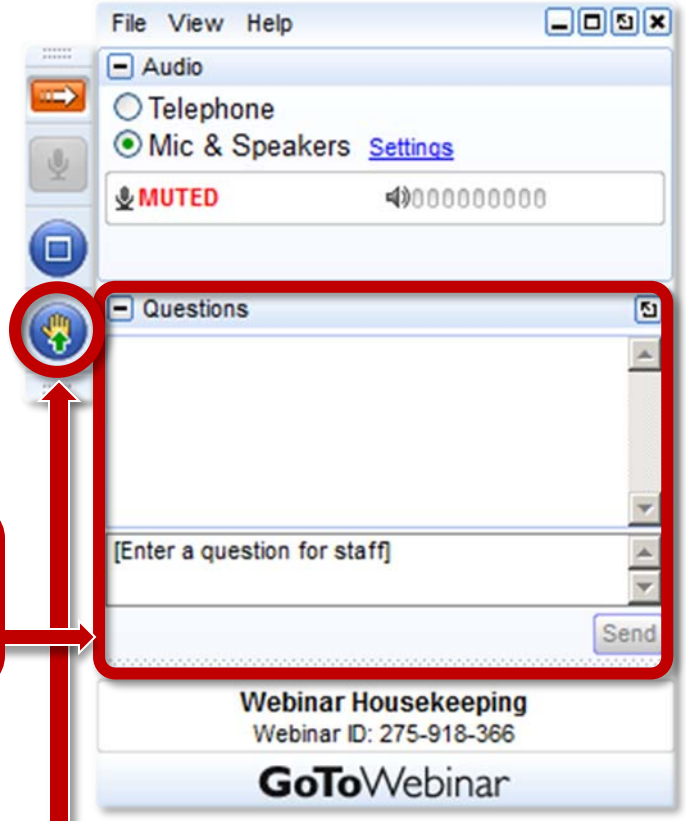
May 15, 2014
1:00 pm – 2:00 pm ET

Additional information/resources available at www.caqh.org

This document is for educational purposes only; in the case of a question between this document and CAQH CORE Operating Rule text and/or Federal regulations, the latter take precedence.

Participating in Today's Session

- Download a copy of today's presentation on the CAQH.org website
  - Navigate to the CORE Education Events page and access a pdf version of today's presentation under the list for today's event
- The phones will be muted upon entry and during the presentation portion of the session
- At any time throughout the session, you may communicate a question via the web
  - Submit your questions on-line ***at any time*** by entering them into the **Q&A panel on the right-hand side of the GoToWebinar desktop**
  - On-line questions will be addressed first
- There will be an opportunity today to submit questions using the telephone
  - **When directed by the moderator**, **press the "raise hand" button** to join the queue for audio questions



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Session Topics

- Welcome Introduction
- CMS OESS Discussion on Health Plan Identifiers (HPID)
- ACA Mandate and HHS Health Plan Certification
- CAQH CORE Draft HIPAA Credential Forms
  - Overview of draft forms
  - How to provide feedback
- Available Implementation Resources
- Q&A

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Administrative Simplification Health Plan Identifier (HPID)

May 15, 2014

Gladys Wheeler, MA, CPC
Centers for Medicare & Medicaid Services

How will HPIDs be used?

- Required to be used in the standard transactions when a health plan is being identified
- Does not require that health plans now be identified in the standard transactions if they were not identified before this rule
- Allowed to be used for any other lawful purpose

Who needs to get an HPID?

- All Controlling Health Plans (CHPs)
- Health plans as defined by 45 CFR 160.103

However, subhealth plans (SHPs) are not required to get an HPID.

What is a controlling health plan (CHP)?

- A health plan that controls its own business activities, actions or policies

OR

- A health plan controlled by an entity that is not a health plan

What is a sub health plan (SHP)?

- A health plan whose business activities, actions, or policies are directed by a CHP

CHP VS. SHP

Entity	Enumeration Requirements	Enumerations Options
CHPs	Must get an HPID for itself	• May get an HPID(s)for its SHP(s) • May direct its SHP(s) to get HPID(s)
SHPs	Not required to get an HPID	• May get an HPID at the direction of its CHP • May get an HPID on its own initiative

When must a controlling health plan get an HPID?

- Health plans: **November 5, 2014**
- Small health plans**: November 5, 2015**

When must a health plan use HPIDs?

- All health plans and other HIPAA covered entities**: November 7, 2016**

What are the two key aspects of HPID?

- Enumeration – required of all CHPs
- Use in standard transactions – **required only if a health plan is currently identified in transactions**

Where do you go to get an HPID?

- HPID and OEID applications are available through the Health Plan and Other Entity Enumeration System (HPOES)
- HPOES is housed within CMS' Health Insurance Oversight System (HIOS)
- To access HIOS, go to the CMS Identity Management Enterprise Portal at https://portal.cms.gov

HPID Registration: Points to Consider

- Understand how the HPID enumeration strategy affects all parties
- Health plans must communicate to their trading partners:
  - The logic behind their registration
  - The impact this logic will have on edits, routing, billing, reporting, and other actions associated with healthcare transactions

Questions About HPID?

Resources

Please visit www.CMS.gov

- Select Regulations & Guidance from top menu bar
- Select the “Affordable Care Act” link under the “HIPAA Administrative Simplification” heading

Visit eHealth University: http://www.cms.gov/eHealth

- Select “eHealth University” and look under the “Intermediate” tab

You can contact us with your HPID questions, the HPID Mailbox is: HPIDquestions@noblis.org

Questions

ACA Mandate and HHS Health Plan Certification

Scope and Update

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Scope: ACA Mandated Operating Rules and Certification Compliance Dates

Mandated Requirements available and should be in use in market

Compliance in Effect as of January 1, 2013

- Eligibility for health plan
- Claim status transactions

HIPAA covered entities conduct these transactions using the CAQH CORE Operating Rules

Compliance in Effect as of January 1, 2014

- Electronic funds transfer (EFT)
- Health care payment and remittance advice (ERA)

HIPAA covered entities conduct these transactions using the CAQH CORE Operating Rules

HHS NPRM and deadline adjustment issued 12/31/13

***Proposes an adjusted Implementation*: December 2015**

Proposes health plans certify via either CORE certification or HIPAA Credential; applies to Eligibility/ Claim Status/EFT/ERA operating rules and underlying standards

Applies only to health plans and includes potential penalties for incomplete certification; existing voluntary CORE Certification is for vendors/PMS/large providers, and health plans

CAQH CORE in Process of drafting rules

Implement by January 1, 2016
(Draft Rules available in Late 2014)

- Health claims or equivalent encounter information
- Enrollment/disenrollment in a health plan
- Health plan premium payments
- Referral certification and authorization
- Health claims attachments (HHS Standard not yet mandated)

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Background: *Commenting on the NPRM Structure*

- Based on several steps of feedback from CORE and non-CORE participants, CAQH CORE developed a Model Comment Letter that both CORE and non-CORE Participants had the opportunity to customize and use as they deemed appropriate to submit comments to HHS
  - The letter contained key substantive areas for comment identified by CAQH CORE using industry input, which included:
    - HPID Use in Certification vs. Other Efforts
    - Engaging Vendors
    - Terminology and Involved Parties
    - Audit and Penalties
    - Stages after Initial Stage
- CMS received over 70 comments during the NPRM public comment period, available to the public at www.regulations.gov
- Comments received outside of scope will not be addressed, such as issues related to structure of the proposed HIPAA Credential program; these were addressed in NPRM comments and are now in CMS review. Public comment submitted may be viewed at www.regulations.gov

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Background: *HHS NPRM on Health Plan Certification*

- **ACA Administrative Simplification: Certification of Compliance for Health Plans**
  - Mandated under the Affordable Care Act (ACA), Section 1104
  - Required health plan certification on first two sets of standards and operating rules
  - First Federal regulation on certification of entities that conduct administrative transactions; NPRM indicates that program will evolve over time
  - Penalty-driven using snapshot of time

- **Notice of Proposed Rule Making (NPRM)** published in *Federal Register*, December 31, 2013. Comment period ended April 3, 2014 (see comments: www.regulations.gov)
  - Proposed requirement of health plan certification, and reporting number of covered lives, required by December 31, 2015

- **NPRM Proposed Certification Options**
  1. **CAQH CORE Certification Seal** for Phase III (includes Seals for Phase I and II and testing with independent testing entity)

     or

  2. **HIPAA Credential:** Requirements outlined by the NPRM include attestation-based documents

Current Focus of Industry Input

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Relationship between Ongoing HIPAA Enforcement and HHS Health Plan Certification

The complaint-driven HIPAA Enforcement Process is an established and existing program that will be maintained ***in addition to*** the HHS Health Plan Certification program; the two programs are complementary

	Complaint-Driven HIPAA Enforcement Process	**Proposed HHS Health Plan Certification of Compliance**
Applicable Entities	All HIPAA covered entities	Health plans
Action Required	Implement CAQH CORE Eligibility & Claim Status and EFT & ERA Operating Rules, and applicable Standards	File statement with HHS that demonstrates health plan has obtained a CAQH CORE Certification Seal for Phase III or HIPAA Credential and thus are in compliance with the standards and operating rules
Compliance Date	*First Set* – **January 1, 2013** *Second Set* – **January 1, 2014**	**December 31, 2015** (proposed)
Applicable Penalties	Due to HITECH, penalties for HIPAA non-compliance have increased, now up to **$1.5 million per entity per year**	Fee amount equals **$1 per covered life until certification is complete**; penalties cannot exceed $20 per covered life or $40 per covered life (for deliberate misrepresentation) on an annual basis
Verification of Compliance	***Ongoing*** complaint-driven process to monitor compliance prompted by anyone filing a complaint via CMS's Administrative Simplification Enforcement Tool (ASET) for non-compliance with the standards and/or operating rules	"***Snapshot***" of health plan compliance based on when the health plan obtains CORE Certification/HIPAA Credential and files statement with HHS

Example of complementary nature of HIPAA Enforcement Process and Proposed HHS Health Plan Certification: An entity could file a complaint for non-compliance against an HHS-certified Health Plan using the HIPAA Enforcement Process if they believe the Health Plan has fallen out of compliance since their certification (e.g. A certified Health Plan acquires another non-compliant Health Plan).

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CAQH CORE Draft HIPAA Credential Forms

Providing Feedback

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Executive Summary

Item	Description
Background	• Samples of the three key HIPAA Credential forms were developed by CAQH CORE using information provided in the NPRM for comment and are publicly available on the CAQH website
Goals	• Use industry input (CORE and non-CORE participants) to revise the three Draft HIPAA Credential Forms prior to publication of the Final Rule to help prepare for the proposed HIPAA Credential, and inform HHS in development of the Final Rule • CAQH CORE is also soliciting suggestions to inform potential development of support materials, such as a "Tip Sheet" that would provide guidance to self-insured entities and their Third Party Administrators/Administrative Services Organizations on how to coordinate to complete the HIPAA Credential Forms
Comment Period	• Comment period is one month. Started **May 6, 2014** and comments due **June 3, 2014, 5pm ET** • CAQH CORE sent an email to all contacts on May 7th kicking off the commenting period
Process	• Comments will be reviewed the CAQH CORE Certification/Testing Subgroup and a revised set of forms will be published after that review is complete. Final forms will not be produced until after The Final Rule is published • At the end of this process, the Subgroup will consider if supporting materials should be developed, such as a "tip sheet" to help self-insured health plans complete the Draft HIPAA Credential Forms
Scope	• Input should be limited to the clarity of the submission instructions, content of the draft forms, layout and automation of the forms within the context and boundaries of the NPRM • Out of scope comments such as feedback on the NPRM provisions, including the proposed structure of the HIPAA Credential Program will not be considered
To Submit Comments	• View the Draft HIPAA Credential Forms and Feedback Template. • Completed Feedback Templates must be returned to CAQH CORE at core@caqh.org by 5 pm ET, Tuesday, June 3, 2014

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Assumptions

- **These draft forms can not to be used to obtain a HIPAA Credential**.
  - No HIPAA Credentials will be issued until HHS publishes the Final Rule.
- **The draft HIPAA Credential Forms were developed for illustrative purposes only, based on the requirements proposed in the NPRM.**
  - They are merely intended to give the market, and especially controlling health plans (CHPs), a general sense of the type of documentation that may be required to submit in order to complete the HIPAA Credential application process.
- **These draft forms will be used to seek industry input.**
  - Industry comments will focus on the usability and clarity of the draft forms and submission instructions within the general concepts defined in the NPRM; CAQH CORE cannot change concepts in the proposed NPRM, those comments are undergoing CMS evaluation.
- **Future revisions will likely be necessary after publication of the Final Rule.**
  - The final required HIPAA Credential Application Forms will be issued after the Final Rule is published.

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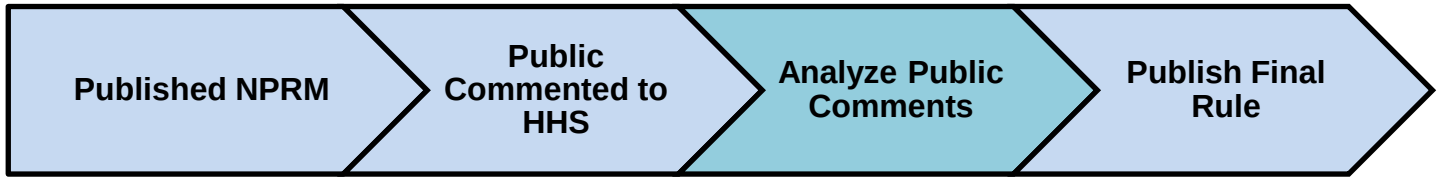
Milestones

HHS Proposed Health Plan Certification Activities



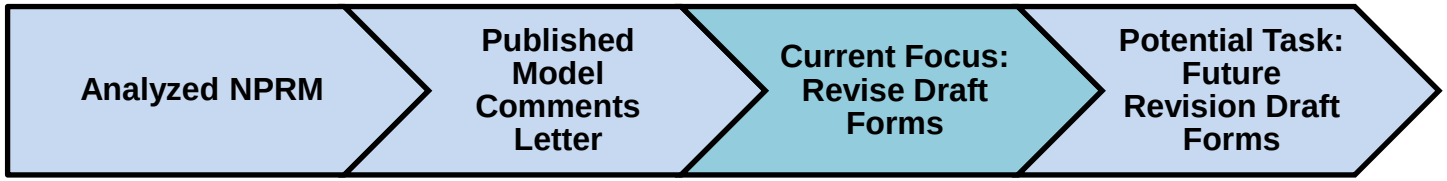
- Published 12/31/13
- NPRM is available on the Federal Register website

- Comments period closed 4/3/14
- Public comments appear on www.regulations.gov*

- Presently ongoing

- The publication date of the Final Rule is yet to be determined

CAQH CORE Activities Related to HHS Proposed Health Plan Certification



- Initial List of NPRM Comments (Also sent via email to CAQH CORE Contacts): 1/13/14
- Open CAQH CORE Call on Initial List (see CAQH CORE Education Events): 1/22/14

- Draft Model Comment Letter: 2/3/14
- (Also sent via email to CAQH CORE Contacts): 2/3/14
- Final Model Comment Letter: 2/21/14

- Industry input period (CORE and non-CORE participants): 5/6/14 – 6/3/14
- CAQH CORE Certification/Testing Subgroup Meetings: 5/2/14 – 6/27/14
- Publish revised Draft Forms: 7/11/2014

- Based on industry input, determine if Subgroup would like to produce supporting materials, such as a "tip sheet," to help self-insured organizations apply for the HIPAA Credential
- Potential future revision will likely be necessary after the Final Rule publication

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*http://www.regulations.gov/#!docketDetail;D=CMS-2014-0004

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Timeline: *Draft HIPAA Credential Form Revision*

Stage	Activities & Timeframe	Description
1. Kickoff	**Subgroup Call Kickoff Draft Version 1 Friday May 2, 2014**	Convene CAQH CORE Certification/Testing Subgroup. Introduce the Draft HIPAA Credential forms (version 1), objectives, scope, seek input and agreement on proposed feedback process and plan, answer questions about all of the above.
2. Gather and Analyze Input	***Request for Industry Input Friday May 6 – Tuesday June 3, 2014***	Publish announcement on CAQH CORE website and issue email to industry (CORE and non-CORE Participants) soliciting written feedback on the draft forms and guidance to include in potential supporting materials. Industry will have one month to provide input.
	Begin Synthesis of Industry Feedback	Subgroup Chairs and CAQH CORE Staff will develop initial synthesis and summary of feedback received within scope and recommend revisions.
3. Subgroup Reviews Input and Agrees to Changes (may extend as needed)	**Subgroup Call Friday June 6, 2014**	Begin review and discussion of initial summary of industry input.
	Subgroup Call Friday June 13, 2014	Further review and discuss input. Review recommended revisions to address feedback and build consensus on revisions.
	Execute Revisions Friday June 13 – Thursday June 26, 2014	CAQH CORE Staff will make revisions based on the consensus achieved by the Subgroup.
4. Review and Publish Revisions	**Subgroup Call Draft Version 2 Friday June 27, 2014**	Present revised Draft HIPAA Credential Forms (version 2). Determine if Subgroup would like to produce supporting materials, such as a “Tip Sheet” to help self-insured organizations apply for the HIPAA Credential.
	Draft Version 2 Publication to Web Friday July 11, 2014	Publish revised Draft HIPAA Credential Forms (version 2) to CAQH CORE Website.

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Draft Forms Based on NPRM Proposed Requirements

Per the NPRM, *"To obtain the HIPAA Credential, a CHP would have to submit…"*

Proposed Requirements in the NPRM	Corresponding Draft Form & Purpose	Draft Form Elements
"HIPAA Attestation Form…*(similar to the form required for the CORE Certification)"*	**Title:** Draft HIPAA Credential – Attestation of HIPAA Compliance Form **Purpose:** To enable the entity to demonstrate its good faith intention to certify HIPAA compliance	1. Attestation of Compliance with HIPAA as amended by HITECH and ACA 2. Name and signature of authorized representative 3. CHP HPID
*"**An application form (similar to the form required to obtain a CORE Seal)….**with signature verifying that all forms …are submitted….indicating that HHS may view the application and associated forms if such a request is made"*	**Title:** Draft HIPAA Credential - Application Form **Purpose:** To verify that all forms have been submitted and to acknowledge that HHS may view the application	1. Applicant Information with CHP HPID (*if applicable)* 2. Contact Information 3. Required Documents 4. Terms and Conditions 5. Fees and Fee Notes 6. Authorized Signature
*"**An attestation form**…For each of the three transactions has successfully tested for at least 30 percent of the total number of transactions conducted with providers...with at least three trading partners…or up to 25 trading partners…"*	**Title:** Draft HIPAA Credential – Attestation of Trading Partner Testing Form **Purpose:** To document that successful testing of transactions has occurred and to indentify trading partners with whom the entity tested	1. CHP or TPA Information 2. Trading Partner Information 3. Documentation of Testing Results with Trading Partners a) Percentage of Transactions Successfully Tested b) Percentage Totals c) Vendor/Clearinghouse Used 4. CHP Client Information 5. Authorized Signature

*See Federal Register page 305.

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Example: *Attestation of Trading Partner Testing Form*

Potential Scenarios The Form Will Need To Accommodate

A. CHP processes all transactions in-house
B. CHP processes some transactions in-house/some outsource to CORE-certified entity
C. CHP outsourced all processing to vendor(s)
D. Entity is not a CHP, but rather a vendor that is getting HIPAA Credential to support its self-insured CHP client(s) (**NOTE**: Self-insured CHP will be the entity filing with CMS)
E. Others?

Market Realities That Forms Will Also Need To Accommodate

A. CHP has less than 3 trading partners in operation for one or more transactions
B. CHP has no trading partners. That said, CHP must still have capacity to accept and/or send the standard transactions and comply with associated operating rules to be certified

Attestation of Trading Partner Testing Form (sample screen shot)

Draft CAQH CORE® HIPAA Credential – Attestation of Trading Partner Testing*
Draft Version 1.0.1 May 2014

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Table 1

A.	B. Trading Partner Information	C. Eligibility	D. Claim Status	E. EFT	F. Remittance Advice
1.	Organization: _____ Contact Name: _____ Mailing Address: _____ _____ Phone: _____ Fax: _____ Email: _____	_____%	_____%	_____%	_____%
	☐ My organization uses a CORE-certified vendor/clearinghouse to meet the listed transaction percentage: **Vendor/Clearinghouse Name:** **CORE-certified Product Name & Version # (*if applicable*):**				
2.	Organization: _____ Contact Name: _____ Mailing Address: _____ _____ Phone: _____ Fax: _____ Email: _____	_____%	_____%	_____%	_____%

DRAFT

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Polling Question #1:
Health Plan Certification & Trading Partner Coordination

Health Plans Only

For which of the following transactions do you outsource responsibilities and, therefore, have needed (if already CORE Certified) or expect the need to coordinate with your vendor(s) as a necessary part of completing the existing CORE Certification Process or the proposed HIPAA Credential Forms (check all that apply)?

1. Eligibility transaction
2. Claim Status transaction
3. Electronic Funds Transfer (EFT) transaction
4. Electronic Remittance Advice (ERA) transaction
5. Not Sure

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Guidance for Providing Feedback on the Draft Forms

- Input should be limited to the clarity of the submission instructions, content of the draft forms, layout, and automation of the forms within the context and boundaries of the NPRM
- Four types of changes requested:

Type of Change	Example
1. Substantive Changes – Material changes to the form content or approach	*Add means to indicate that a health plan may conduct a certain transaction type with less than three trading partners or with none at all*
2. Adjustment – Enhancements to improve ease of use, clarity, tighten alignment with NPRM	*Change terms, e.g., "covered health plan" to "controlling health plan" through out the forms*
3. Add / Delete Items – Addition of data or information that should be captured, deletion of unnecessary data capture	*Add fields to indentify vendors (e.g., Third Party Administrators and Administrative Service Organizations) that conduct transactions on behalf of a self-insured covered health plan*
4. Automation – Changes to facilitate more automated collection and submission of credential forms	*Create a specification for excel, csv, flat file, or other electronic upload of percentages of transactions successfully tested*

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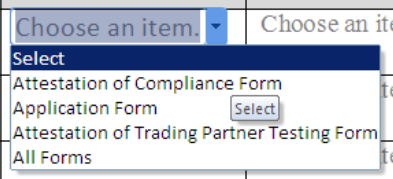
How to Deliver Feedback on Draft Forms

A feedback template (MS Word doc) has been posted on the public CAQH CORE Website (HERE) and an email announcement has been sent to industry (CORE and non-CORE participants)

Feedback Template Sample - Section 1: *Input on Draft HIPAA Credential Forms*

#	Column A: Form *Select from drop-down menu.*	Column B: Topic *Select from drop-down menu.*	Column C: Perspective Of Entity Completing Form	Column D: Line #(s)	Column E: Change Rationale & Objective	Column F: Suggested Change
1.	Choose an item.	Choose an item.	Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.
2.	Choose an item.	Choose an item.	Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.
3.	Choose an item.	Choose an item.	Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.
4.	Choose an item.	Choose an item.	Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.
5.	Choose an item.	Choose an item.	Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.
6.	Choose an item.	Choose an item.	Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.
7.	Choose an item.	Choose an item.	Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.
8.	Choose an item.	Choose an item.	Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.



Column A: Select the form to which your comment applies.
Column B: Select the Type of Change using the drop-down menu provided; four types are identified as defined below:

- *Substantive*: Material change to the form content or approach
- *Adjustment*: Enhancement to improve ease of use, clarity, tighten alignment with NPRM
- *Add/Delete Items*: Addition of data or information that should be captured or deletion of unnecessary data fields
- *Automation*: Change to facilitate more automated collection and submission of credential forms

Column C: Select perspective of the entity completing the form (i.e., on which the comment is based, or organization type to which it applies)
Column D: Provide the specific line number(s) that your entity is referencing
Column E: Clearly describe the rationale for the suggested change and the intended objective of applying the change
Column F: Provide a comprehensive and actionable description of the suggested change

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How to Deliver Suggestions for Supporting Materials

The feedback template (MS Word doc) also request suggestions to inform potential development of supporting materials such as a "tip sheet'" for self-insured to provide guidance for entities in completing the HIPAA Credential Forms (e.g., how TPA/ASOs should work with CHP clients to complete the forms)

Feedback Template Sample - Section 2: *Suggestions for Supporting Materials*

#	(A) Types of Content or Subject Matter Area	(B) Suggestion for Content to Include
1.	Choose an item. Other: Click here to enter text.	Click here to enter text.
2.	Other: Click here to enter text.	Click here to enter text.
3.	Other: Click here to enter text.	Click here to enter text.
4.	Other: Click here to enter text.	Click here to enter text.
5.	Choose an item. Other: Click here to enter text.	Click here to enter text.
6.	Choose an item. Other: Click here to enter text.	Click here to enter text.
7.	Choose an item. Other: Click here to enter text.	Click here to enter text.
8.	Choose an item. Other: Click here to enter text.	Click here to enter text.
9.	Choose an item. Other: Click here to enter text.	Click here to enter text.
10.	Choose an item. Other: Click here to enter text.	Click here to enter text.
11.	Choose an item. Other: Click here to enter text.	Click here to enter text.
12.	Choose an item. Other: Click here to enter text.	Click here to enter text.

Column A: Types of content or subject matter area using the drop-down menu provided

- ***Guidance:*** Tips on aspects of data collection and record-keeping related to the Draft HIPAA Credential Forms
- ***Illustrative Scenarios:*** Examples of how information would be collected by a CHP in order to complete the HIPAA Credential
- ***Tools:*** To help capture and calculate test results, such as spreadsheet templates, to fill out the HIPAA Credential Forms
- ***FAQ:*** Frequently asked questions that could be made available as reference
- ***Other***

Column B: Provide a comprehensive and actionable description of the suggested type content

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Certification and Testing Subgroup
How to Participate

GET INVOLVED!

- Any CORE Participating Organization can join the CORE Certification & Testing Subgroup by emailing CORE@caqh.org
  - Upcoming meeting times for the CTSG:
    - **Friday, June 6th, 11:00 am – 12:30 pm ET**
    - **Friday, June 13th, 11:00 am – 12:30 pm ET**
    - **Friday, June 27th, 11:00 am – 12:30 pm ET**
- If you are not a CAQH CORE Participating Organization but would like more information on how to become one, please visit our website HERE to learn more

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CAQH CORE Implementation Resources

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Implementation Steps for HIPAA Covered Entities: *Tools and Resources*

Free Tools and Resources Available

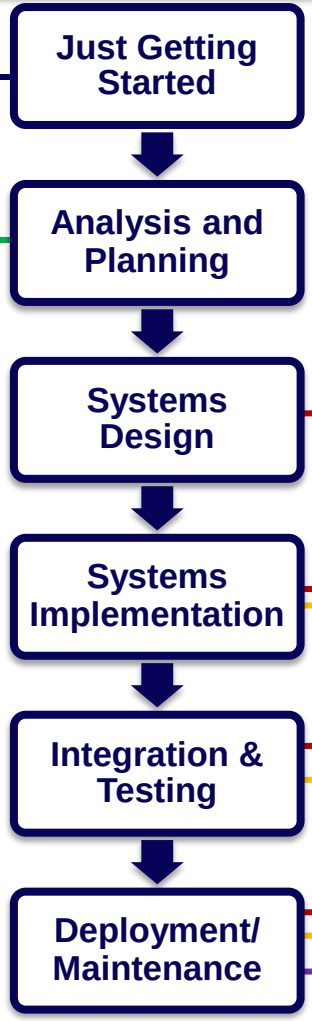
Education is key

Get executive buy-in early

- Read the **CAQH CORE EFT & ERA Operating Rules**
- Listen to archive of past **CAQH CORE Education Sessions** or register to attend a future one
- Search the EFT & ERA **FAQs** for clarification on common questions
- Use our **Request Process** to Contact technical experts throughout implementation

Determine Scope of Project

- The **Analysis and Planning Guide** provides guidance to complete systems analysis and planning for implementation; Information attained from the use of this guide informs the impact of implementation, the resources necessary for implementation, as well as, what would be considered an efficient approach to, and timeline for, successful implementation.



Engage Trading Partners Early and Often

- **Provider's**: Use the EFT/ERA **Sample Health Plan** and **Sample Financial Institution** Letters as a way to help facilitate the request to receive EFT from your health plans and the request for delivery of the necessary reassociation data elements from your financial institutions

TEST, TEST, TEST!

- Leverage **Voluntary CORE Certification** as a quality check, a way to test with partners, and as a way of communicating compliance to the industry and other trading partners

Get Involved with CAQH CORE

- **Join** as a Participant of CAQH CORE in order to give input on rule-writing maintenance by joining a task group and to stay up-to-date on implementation developments

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About *Voluntary* CORE Certification

- Since its inception, CAQH CORE has offered a *voluntary* CORE Certification to health plans, vendors, clearinghouses, and providers
  - *Voluntary* CORE Certification provides verification that your IT system or product operates in accordance with the federally mandated Operating Rules
  - CORE Certification is stakeholder-specific
    - Each entity completes testing specific to their stakeholder type in order to become CORE Certified
  - **137** CORE Certifications have been achieved with 31 Certifications currently pending.
    - Access a list of completed and pending Certifications HERE
- CAQH CORE Certification is available for the following transactions
  - Eligibility and Claim Status (Phase I and Phase II)
  - EFT and ERA (Phase III)
- Key Benefits
  - Provides all organizations across the trading partner network useful, accessible and relevant guidance in meeting obligations under the CAQH CORE Operating Rules
  - Encourages trading partners to work together on data flow and content needs
  - Offers vendors practical means for informing potential and current clients on which of their products – ***by versions*** - follow Operating Rules, including Practice Management Systems
  - Achieves maximum ROI because all entities in data exchange follow the Operating Rules; once CORE-certified need to follow Operating Rules with all trading partners
  - Means for voluntary enforcement dialog and steps

Note: Learn more about *voluntary* CORE Certification here

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Polling Question #2:
Voluntary CORE Certification

Have you attended or listened to the recording of a CAQH CORE Education Session focused on Voluntary CORE Certification where a guest speaker from an organization with your stakeholder type (i.e. Health Plan, Vendor, Provider) has discussed how they have achieved CORE Certification?

1. Yes
2. No
3. Not Sure

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Upcoming CAQH CORE Webinars and Events

- **CAQH CORE EFT & ERA Implementation Session with Special Guest Emdeon**
  Wednesday, May 21, 2014 | 2:00 - 3:30 pm ET
  - Participate in a special session with leading industry implementer, CORE participant and Phase III CORE certified entity, Emdeon, to learn how it successfully implemented the EFT & ERA Operating Rules and received Phase III CORE certification. Hear details from Emdeon about their implementation process including planning, challenges and resolution, as well as the benefits of CAQH CORE Operating Rules implementation and CORE Certification.
- **CAQH CORE and NACHA Joint Education Session**
  Featuring: Fifth Third Bank and other industry implementers
  Thursday, May 29, 2014 | 2:00 – 3:30 pm ET
  - Join guest speakers from industry implementing organizations and NACHA for an advanced session on the benefits of the EFT Standard and EFT & ERA implementation. This education session is focused on implementation considerations, the EFT Standard and Operating Rule requirements, and other essential information your organization needs to ensure you receive the benefits of compliance with the CAQH CORE EFT & ERA Operating Rules.
- **Edifecs and CAQH CORE Joint Education Session**
  Featuring: athenahealth
  Tuesday, June 10, 2014 | 2:00 – 3:30 pm ET
  - Learn how you can demonstrate conformance with and benefit from the ACA mandated Operating Rules by achieving CORE certification with CORE authorized testing vendor Edifecs. Hear from CAQH CORE participating entity and Phase III CORE certified vendor, athenahealth, about challenges and tips to successfully seeking Voluntary CORE Certification and Operating Rule implementation in general.

REMINDER: Registration for all upcoming webinars, as well as materials and recordings of past educational webinars, can always be found on our Education Events page

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Q&A

Please submit your question:

- Via the Web: Enter your question into the Q&A pane in the lower right hand corner of your screen
- By Phone of VoIP: When prompted for audio portion of Q&A, please press "Raise Hand" Button to queue up to ask a question

***NOTE**: In order to ask a question during the audio portion of the Q&A please make sure that you have entered the **"Audio PIN"** (which is clearly identified on your user interface) by using your telephone keypad.*

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Thank You for Joining Us!

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APPENDIX

Additional Information and Resources

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Available CMS OESS Implementation Tools: *Examples*

- HIPAA Covered Entity Charts
  - Use the HIPAA Covered Entity Charts to determine whether your organization is a HIPAA covered entity
- CMS FAQs
  - Frequently asked questions about the ACA, operating rules, and other topics
- Affordable Care Act Updates
  - Updates on operating rules; compliance, certification, and penalties; and engagement with standards and operating rules
- CMS eHealth University
  - What Administrative Simplification Does For You – This fact sheet explains the basics behind how Administrative Simplification will help improve health care efficiency and lower costs
  - Introduction to Administrative Simplification – This guide gives an overview of Administrative Simplification initiatives and their purposes
  - Introduction to Administrative Simplification: Operating Rules – A short video with information on Administrative Simplification operating rules
- Additional Questions
  - Questions regarding HIPAA and ACA compliance can be addressed to:
    - Geanelle Herring, Health Insurance Specialist, Geanelle.Herring@cms.hhs.gov

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